

STATE OF CALIFORNIA  
**MAINTENANCE GARDENER  
PEST CONTROL BUSINESS RENEWAL APPLICATION**

PR-PML-186 (REV. 9/04)  
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH  
LICENSING AND CERTIFICATION PROGRAM  
1001 I STREET  
SACRAMENTO, CALIFORNIA 95814-2828  
(916) 445-4038  
FAX - (916) 445-4033  
Web site: <http://www.cdpr.ca.gov/>

☐ Name Change ☐ Address Change

Business License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

IMPORTANT - PLEASE READ  
COMPLETE ALL INFORMATION AND THE RENEWAL INFORMATION REQUIREMENTS

**Qualified Person.** Each business location must have a qualified person who possesses a valid Qualified Applicator License or Certificate with the appropriate pest control category Q or B to engage in pest control from each location. If you need additional space, attach a separate sheet of paper.

Name	License Number	Categories
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_____	_____	_____
_____	_____	_____

**Worker's Compensation Insurance.** If you have employees, provide the name of the Worker's Compensation Insurance Carrier, policy number, and policy expiration date.

\_\_\_\_\_

WORKER'S COMP. INSURANCE CARRIER NAME

\_\_\_\_\_

POLICY NUMBER

\_\_\_\_\_

EXPIRATION DATE

**Financial Responsibility Requirement** (check one):

- ☐ I declare under penalty of perjury, that as to chemical bodily injury and chemical property damage resulting from my pest control operations, I am financially able to respond to damages using my own personal assets (3CCR Section 6524)
- ☐ I have complied with this requirement by obtaining liability insurance, through the following expiration date, in an amount not less than what is specified in the financial responsibility requirements (3CCR section 6524)

\_\_\_\_\_

INSURANCE CARRIER NAME

\_\_\_\_\_

POLICY NUMBER

\_\_\_\_\_

EXPIRATION DATE

Submit a copy of documents certifying that you meet the financial responsibility requirements.

**Fees.** See Page 2 (instructions) to determine fees and payment methods. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.**

Indicate Amount Enclosed: \$ \_\_\_\_\_

I declare under penalty of perjury, under laws of the State of California, that the above information provided by me is true and correct.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

TITLE

\_\_\_\_\_

DATE SIGNED

FOR OFFICIAL USE ONLY

IMPRINT

PROBLEM

RENEWED

DATA ENTRY

RC

Instructions on reverse

**MAINTENANCE GARDENER PEST CONTROL BUSINESS RENEWAL APPLICATION INSTRUCTIONS****RENEWAL TIME LINE**

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Unit. Renewal time lines are posted on the Department of Pesticide Regulation's (DPR's) web site.

**CHECK LIST:** This list will help ensure that your renewal application is completed in full prior to mailing.

- ☐ **Change of Name/Address.** 3CCR Section 6508 requires all license/ certificate holders to notify DPR immediately of any change in business name, address, qualified person, business organization, or any other information required on the application. Indicate any corrections that appear on the renewal form in the space provided.

*Licenses are not transferable. In the case of change of business organization or ownership, a new application and fee are required. If you had a change in ownership or partners or have incorporated, contact us.*

- ☐ **Qualified Person.** Each Maintenance Gardener (MG) pest control business location must have a qualified person who possesses a Qualified Applicator Certificate or License with the appropriate pest control category Q or B to engage in pest control from each location. Provide the name(s), license type, license number and category(ies) of the qualified person who is responsible for supervising the pest control operations at the location on the space provided on the renewal form. If additional space is needed, attach a separate sheet of paper.
- ☐ **Worker Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, complete the information on the renewal form; otherwise indicate non-applicable (NA).
- ☐ **Financial Responsibility Requirement.** This requirement must be met. If you are able to financially respond to damages using your own personal assets, please check the first box under 3. Otherwise, provide a copy of the documents that meet the requirements of Food and Agriculture Code Section 11702 (c)(2) and 3CCR Section 6524. The MG pest control business license will not be renewed without meeting this requirement.
- ☐ **Fees.** All fees are non-transferable and non-refundable. Fees must be paid for each MG pest control business license as totaled on the renewal form. A late penalty fee of fifty percent (50%) of the total renewal fee will be assessed for each license **postmarked after December 31.**

**License Renewal (2 Year) and Late Penalty Fees**

	Renewal	Late Fee
MG Pest Control Business	\$160.00	\$80.00

- ☐ **Declaration/Signature.** Sign, title and date the renewal application form.
- ☐ **Payment.** Enclose a check, money order or credit card payment payable to "Cashier, Department of Pesticide Regulation".
- ☐ **Mail** the payment, completed renewal application form, and all required documents in the enclosed envelope addressed to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

**Questions?** Your business name and license number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlic.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

**Failure to complete or provide the requested information may delay the processing of your application.**

## **What You Need to Know to Renew Your Business License**

### **What are some of the common problems associated with pest control business license renewal applications that are received by the Department of Pesticide Regulation (DPR)?**

Some of the most common problems associated with pest control business license renewal applications include: no fees or wrong amount is submitted; no signature; the listed qualified person has not renewed; and invalid (expired) liability or worker compensation insurance.

### **What is the procedure for notifying DPR of a name change or address change?**

To notify DPR of a name or address change, fill out and send in form (PR-PML-002). The form is available on our website. During renewal, name and address changes may be made on the renewal application. In the case of name change, other documents may be needed. Please consult with DPR.

### **What is the procedure for notifying DPR of an ownership change?**

The procedure for notifying DPR of an ownership change is the same as applying for a new business license. Licenses are not transferable. The forms are available on our website.

### **Who signs the renewal application form?**

The owner or officer of the business must sign the business renewal application form.

### **Are renewal application fees refundable?**

No. Renewal application fees are not refundable

### **If my worker's compensation insurance and/or liability insurance has expired or will expire soon, do I need to submit updated insurance policies?**

Yes. You must submit updated policy information if your worker compensation insurance or liability insurance has expired or will expire soon.

### **Can I fax the required insurance documents to DPR?**

Yes. You may fax the required documents. However, because many faxes are not legible, a hard copy should also be sent. Please indicate on the hard copy that a fax was sent.

### **Can my insurance company directly submit my insurance paperwork to DPR?**

Yes. Your insurance company may directly submit your insurance paperwork to DPR. In order to track it, please have your insurance company put your DPR license number on the paperwork.

### **Does the qualified person listed on the business license renewal application need to possess a license/certificate that is current for the next valid period for the business being renewed?**

Yes. In order for a business to be issued their pest control business license, the person listed on the renewal application as the qualified person must be licensed.

### **Can I renew my business license if my qualified applicator license is not renewed?**

No. You cannot renew your pest control business license if your qualified applicator is not renewed or does not have a valid qualified applicator license.

*For more information, go to [www.cdpr.ca.gov](http://www.cdpr.ca.gov) and click on the Licensing quick link.*

## **What You Need to Know to Renew Your Business License**

**Does each business license location need a different qualified applicator or designated agent licensee to actively supervise the location or can one qualified person supervise all of the separate locations?**

Yes. Each business license location needs a different qualified applicator or designated agent licensee to actively supervise the location. One person cannot supervise multiple locations.

**Can I renew my pest control business license if it has been expired for more than 12 months?**

No. You cannot renew your pest control business license if it has been expired for more than 12 months. You will have to apply for a new pest control business license.

**Can my completed business license renewal application form and credit card payment be faxed or paid electronically via the Internet?**

No. You cannot submit your business license renewal application form or credit card payment via fax or the Internet.

**Does DPR post the names of the businesses that have a valid DPR pesticide or pest control business license on the DPR website?**

Yes. DPR posts the names of businesses that have a valid DPR pesticide or pest control business license on our website.

**How can I avoid paying a late renewal penalty?**

You can avoid paying a late renewal penalty by submitting your renewal application, supporting documents, and fee(s) prior to December 31 of the expiration year. The late penalty will be assessed to all applications postmarked after December 31 of the expiration year.

**What happens if the renewal process is not finalized by the expiration date?**

If your paperwork is not finalized by December 31st, but received before then, there is no penalty.

**How long after expiration of my license/certificate will I be able to renew as long as I meet the requirements?**

You have 12 months [with payment of the late penalty fee(s)] after your license expires to renew as long as you meet all of the license requirements.

**How long does it take to process my renewal application?**

It can take up to 30 days or longer to process your renewal application depending on when it is submitted.

# FINANCIAL RESPONSIBILITY OPTIONS FOR PEST CONTROL BUSINESS

Each applicant for a Pest Control Business License must demonstrate financial responsibility for the type of work performed. The applicant can demonstrate financial responsibility by one of the following options: (1) file with the Director an approved original certificate of insurance certifying liability insurance coverage that meets the Department's minimum standards; (2) deposit with the Director a certificate of deposit that meets the Department's minimum standards; (3) a surety bond that meets the Department's minimum standards, on the form provided by the Director; or provide a statement to the Director that as to chemical bodily injury and chemical property damage resulting from their past control operations they are financially able to respond to damages using their own personal assets (applies to Maintenance Gardener Pest Control Business License only).

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond	Option 4:
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage			
<b>Pest Control Business License</b> - applicants who make applications by ground rig or apply fumigants.	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000	
<b>Pest Control Business License</b> - applicants who make application by aircraft.	\$100,000	\$300,000	\$100,000 per aircraft(a)	\$50,000 per aircraft(b)	\$50,000 per aircraft(b)	
<b>Maintenance Gardener Pest Control Business License</b> - applicants who perform pest control incidental to their maintenance gardener work.	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000	Financially able to respond to bodily injury and property damage statement (DPR-PML-170).

(a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.

(b) A certificate of deposit or a surety bond need not exceed \$300,000 per Pest Control Business License.

## VISA / MASTERCARD TRANSACTION



### INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

**Licensees:**

ATTN: Cashier  
Department of Pesticide Regulation  
P.O. Box 4015  
Sacramento, CA 95812-4015

**Continuing Education Sponsors:**

Cashier  
ATTN: CE  
Department of Pesticide Regulation  
P.O. Box 4015  
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)												CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE			
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$ .
																	TELEPHONE NUMBER ( )

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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## Licensed Pest Control Business



## RENEWAL REMINDERS

### *If your business name starts with:*

**A thru L**, you renew in even-numbered years (2006, 2008, 2010, 2012 etc.)

### *If your business name starts with:*

**M thru Z**, you renew in odd-numbered years (2007, 2009, 2011, 2013 etc.)

*DPR mails renewal forms in early September. If there are no problems with the forms and documentation you mail us, the turnaround is about a month and a half.*

### RENEWAL DOCUMENTS RECEIVED BY DPR

### NEW LICENSE MAILED BACK TO YOU BY DPR

September 15	October 30
October 30	December 14
November 30	January 14
December 30	February 14

### AVOID LATE FEES

**Renew early.** You pay a **penalty** of 50% of the **total renewal fee** if you submit your renewal after December 31.



California Department of Pesticide Regulation  
Licensing and Certification  
[www.cdpr.ca.gov](http://www.cdpr.ca.gov) 916-445-4038

## Licensed Pest Control Business

### **Be ready to renew**

- Make sure your QAL/ QAC/ DA/ AA holds a valid license for the year you are renewing your business license.
- Pest control businesses require a QAL.
- Maintenance gardener pest control businesses require a QAC or QAL with category "B" or "Q".
- Pest control dealer businesses require a DA, QAL, JP or AA.
- If your business is required to have liability and workers' compensation insurance, those policies must be valid for the year you are renewing.

### **Get the renewal packet**

- Renewal packets are mailed out in early September. If you do not receive it, contact our office at 916-445-4038 or download the packet from our website at [www.cdpr.ca.gov](http://www.cdpr.ca.gov), click on "Licensing".
- Complete, sign and date all the renewal forms and include any required documentation. Mail with proper fees to Cashier, MS 4A Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015.

### **Late renewal**

- If your renewal application is postmarked after December 31, add a late penalty of 50% of the total renewal fee.

### **New business**

- If you had a change in ownership, business type, etc., complete an application as a new business with DPR.

### **Business name or address change**

- Submit documents that verify the changes, for example, fictitious business name statement or incorporation documents from Secretary of State's Office.
- Immediately notify DPR in writing of address change.
- Submit renewal application with name change to DPR.

### **Go to DPR's Website ...**

- ...for application forms and lists of pest control business licenses and individual licenses. Go to [www.cdpr.ca.gov](http://www.cdpr.ca.gov), click on "Licensing."

California Department of Pesticide Regulation  
Licensing and Certification  
[www.cdpr.ca.gov](http://www.cdpr.ca.gov) 916-445-4038



# MAINTENANCE GARDENER PEST CONTROL BUSINESS LICENSE RENEWAL INFORMATION REQUIREMENT

PR-PML-137 (EST.7/01)

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH  
1001 I STREET  
SACRAMENTO, CA 95814-2828  
P.O. BOX 4015  
SACRAMENTO, CA 95812-4015  
(916) 445-4038  
FAX (916) 445-4033  
Web site: <http://www.cdpr.ca.gov>

<b>A. Officer/Owner Information</b>	Fax #	E-mail address	Business Phone Number
Officer/Owner Name 1.	Title		
2.			
3.			
4.			

## B. Qualified Applicator Licensee & Certificate Holder Information

In order for the Maintenance Gardener Pest Control Business license to be valid, the business must have a Qualified Applicator Licensee or a Qualified Applicator Certificate holder with Category Q (landscape maintenance pest control). The Qualified Applicator Licensee or the Qualified Applicator Certificate holder is responsible for supervising the pest control operations of your business.

Please list the qualified applicator(s) for your business.

Qualified Applicator Name 1.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name 2.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name 3.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	
Qualified Applicator Name 4.			
License/Certificate Number	Expiration Date	License/Certificate Type (Check one) <input type="checkbox"/> Qualified Applicator License <input type="checkbox"/> Qualified Applicator Certificate	

## C. Pest Control Business Information

1. Please indicate the type of pest control your business performs by checking the appropriate box(es) below.

<input type="checkbox"/> Interior Landscape Maintenance	<input type="checkbox"/> Turf Pest Control	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Exterior Landscape Maintenance	<input type="checkbox"/> Ornamental Pest Control	

2. Please indicate the county(ies) you will be working in by checking the appropriate county(ies) below.

<input type="checkbox"/> 1. Alameda	<input type="checkbox"/> 13. Imperial	<input type="checkbox"/> 25. Modoc	<input type="checkbox"/> 37. San Diego	<input type="checkbox"/> 49. Sonoma
<input type="checkbox"/> 2. Alpine	<input type="checkbox"/> 14. Inyo	<input type="checkbox"/> 26. Mono	<input type="checkbox"/> 38. San Francisco	<input type="checkbox"/> 50. Stanislaus
<input type="checkbox"/> 3. Amador	<input type="checkbox"/> 15. Kern	<input type="checkbox"/> 27. Monterey	<input type="checkbox"/> 39. San Joaquin	<input type="checkbox"/> 51. Sutter
<input type="checkbox"/> 4. Butte	<input type="checkbox"/> 16. Kings	<input type="checkbox"/> 28. Napa	<input type="checkbox"/> 40. San Luis Obispo	<input type="checkbox"/> 52. Tehama
<input type="checkbox"/> 5. Calaveras	<input type="checkbox"/> 17. Lake	<input type="checkbox"/> 29. Nevada	<input type="checkbox"/> 41. San Mateo	<input type="checkbox"/> 53. Trinity
<input type="checkbox"/> 6. Colusa	<input type="checkbox"/> 18. Lassen	<input type="checkbox"/> 30. Orange	<input type="checkbox"/> 42. Santa Barbara	<input type="checkbox"/> 54. Tulare
<input type="checkbox"/> 7. Contra Costa	<input type="checkbox"/> 19. Los Angeles	<input type="checkbox"/> 31. Placer	<input type="checkbox"/> 43. Santa Clara	<input type="checkbox"/> 55. Tuolumne
<input type="checkbox"/> 8. Del Norte	<input type="checkbox"/> 20. Madera	<input type="checkbox"/> 32. Plumas	<input type="checkbox"/> 44. Santa Cruz	<input type="checkbox"/> 56. Ventura
<input type="checkbox"/> 9. El Dorado	<input type="checkbox"/> 21. Marin	<input type="checkbox"/> 33. Riverside	<input type="checkbox"/> 45. Shasta	<input type="checkbox"/> 57. Yolo
<input type="checkbox"/> 10. Fresno	<input type="checkbox"/> 22. Mariposa	<input type="checkbox"/> 34. Sacramento	<input type="checkbox"/> 46. Sierra	<input type="checkbox"/> 58. Yuba
<input type="checkbox"/> 11. Glenn	<input type="checkbox"/> 23. Mendocino	<input type="checkbox"/> 35. San Benito	<input type="checkbox"/> 47. Siskiyou	
<input type="checkbox"/> 12. Humboldt	<input type="checkbox"/> 24. Merced	<input type="checkbox"/> 36. San Bernardino	<input type="checkbox"/> 48. Solano	



**LIABILITY CERTIFICATION STATEMENT**

MAINTENANCE GARDENER PEST CONTROL

BUSINESS LICENSE

PR-PML-170 (REV. 7/03)

1001 I STREET

SACRAMENTO, CA 95814-2828

P.O. BOX 4015

SACRAMENTO, CA 95812-4015

(916) 445-4038

FAX (916) 445-4033

Web site: <http://www.cdpr.ca.gov>

I, \_\_\_\_\_ certify that I engage in pest control for hire as  
an incidental part of my regular Maintenance Gardening business.

I will respond to any damages I may cause while performing activities through the use of my own personal assets.

I certify that there are no unpaid judgments against my company resulting from lawsuits filed against the business.

I certify that there are no current lawsuits filed against my company relating to pest control activities.

I certify that there are no liens on my personal or real property due to unpaid taxes.

THE BUSINESS NAME IS \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA,  
THAT THE FOREGOING IS TRUE AND CORRECT.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **California Environmental Protection Agency**

### **Customer Service Survey**

Our goal is to provide you with the best possible customer service. Your feedback telling us what is going well and what needs improvement is essential to our success to better serve you. We ask that you take a moment to complete the electronic customer service survey form at [www.calepa.ca.gov/Customer/CSForm.asp](http://www.calepa.ca.gov/Customer/CSForm.asp). To assure that we receive your comments, please select “Department of Pesticide Regulation” and “Division of Pest Mgmt, Environmental Monitoring, Enforcement & Licensing” on the survey form. If you do not have access to the Internet and our electronic Customer Service Survey form, please feel free to write us at:

California Department of Pesticide Regulation  
Pest Management and Licensing Branch  
P.O. Box 4015  
Sacramento, CA 95812-4015

Thank you for your feedback.